

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO

(b) Address (number and street) ☐ check if different than previously reported

1625 L STREET NW

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C C30000798

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 1 0

through

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 0

### 5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 0

(b) Communication Title JOBS

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

LEE A SAUNDERS

(b) Address (number and street)

1625 L STREET NW

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

AMERICAN FEDERATION OF STATE, COUNTY A

(e) Occupation

INTERNATIONAL SECRETARY-TREASURER

### 9. Total Donations This Statement

.00

### 10. Total Disbursements/Obligations This Statement

68539.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

STEPHEN GRAHAM

SIGNATURE Electronically Filed by STEPHEN GRAHAM

DATE 08/13/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.